

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

## General Information

1 Name of organization

Employer identification number

Health Care Providers Political Action Committee

14 : 1741235

2 Mailing address (P.O. Box or number, street, and room or suite number)

90 State Street, Suite 200

City or town, state, and ZIP code

~~Albany, NY 12207~~

3 E-mail address of organization

HCP@NYSHCP.org

**4a Name of custodian of records**

Phyllis A. Wang

4b Custodian's address

~~NYS Association of Health Care Providers, Inc.~~

90 State Street, Suite 200

~~Albany, NY 12207~~

5a Name of contact person

5b Contact person's address

Phyllis A. Wang

NYS Association of Health Care Providers, Inc.

90 State Street, Suite 200

Albany, NY 12207

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

## Purpose

7 Describe the purpose of the organization

The purpose of the PAC is to protect and promote positions and proposals of

NY Health Care and staffing service providers through political action. Contributions

may be received and expended by the PAC for the purpose of supporting the election

of persons in NYS who are supportive of the PAC objectives:.....

## List of All Related Entities (see instructions)

8a Name of related entity

**8b Relationship**

8c Address

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~~159-086/517~~

~~JUL 30 2006~~

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Here**

Signature of authorized official

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